

State of Washington
 Office of Financial Management
 Accounting Division, Statewide Accounting

Security Administrator(s) for OFM'S Disclosure Forms

AGENCY #: _____ AGENCY NAME: _____

The following individuals are designated as Security Administrator(s) for the Disclosure Forms. They are authorized to assign security for individuals within this agency.

[illegible]

*The Logon ID is the User Principal Name (UPN), as identified in the State of Washington's Active Directory Forest, or the user's email address. The UPN is preferred and will eventually be required. This Logon ID is unique statewide and may be obtained from your agency's network administrator.

APPROVAL OF CHIEF FINANCIAL OFFICER:

Signature _____ Date _____

Printed Name _____ Phone Number _____

Title _____ Mail Stop _____

Send **original** form to: *Disclosure Forms Security Administrator
OFM Accounting Division
PO Box 43113
Olympia, WA 98504-3113*

OFM USE ONLY: Security entered by _____ Date _____
If new agency, verify: Folder set up _____ Initiate backup GDG _____